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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/067,640
Filing Date	4/27/1998
First Named Inventor	Jan Stallaert
Art Unit	3625
Examiner Name	Geoffrey R. Akers
Attorney Docket Number	18608-P001C1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Explicit instructions from the client that we are to do no further work on this application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Glen Graves				
Address	3642 Seahorn Drive				
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Name	Kelly K. Kordzik		Registration No.	36,571	
Date	10-25-04		Telephone No.	512-370-2851	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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